

# North Carolina Multiple Response System Case Tracking Form

**210 – Investigation**      **Form ID #:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Children** – list all children (& their SIS ID's) from the form number above that have ***identical*** information that can be entered using the common edit feature. (If there are other children from the form that have different information a separate form should be submitted for those children or their differing services somehow distinguished.)

Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____

**210-10. Date(s) of Subsequent Reports Received During an Open 210 Case (if any)**

\_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

**210-12. Assignment of Accepted Reports (required) (check one)**

Family Assessment (*Initial Assignment*)  
 Investigative / Forensic Assessment (*Initial Assignment*)  
 Meets FA criteria but administratively assigned Investigative  
 Reassigned Family Assessment  
 Reassigned Investigative Assessment

**210-16. Risk Assessment Score at Case Decision/Finding (required) Circle if numeric score represents abuse or neglect score.**

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	Abuse		Neglect	

**210-18. Risk Reassessments: Date/Score/Rating**

Date: \_\_\_\_\_ Score: \_\_\_\_\_ Rating: \_\_\_\_\_  
 Date: \_\_\_\_\_ Score: \_\_\_\_\_ Rating: \_\_\_\_\_  
 Date: \_\_\_\_\_ Score: \_\_\_\_\_ Rating: \_\_\_\_\_

**210-20. If Petition filed with Juvenile Court (CR field 20) Date Petition Filed?**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**210-22. Previous CPS Contact w/ Agency (check highest level of involvement) (required)**

Prior Substantiation on this child  
 Prior Unsubstantiation on this child  
 Child Entered DSS Custody  
 No Prior Contact with this child  
 Prior Finding of in Need of Services for this child  
 Prior Finding of not in Need of Services for this child  
 Prior Finding of Services Recommended for this child  
 DSS CPS history with this family not involving this child

**210-23. Involvement/Coordination with Work First (check highest level of involvement) (required)**

Work first is not involved  
 Work first is involved in WF Case Management for Services Recommended  
 Work first is handling Case Management Responsibilities  
 Work first is participating in Child and Family Teams  
 Work First involvement concurrent with CPS

<b>210-24. Involvement/Coordination with Law Enforcement</b> <i>(check one) (required)</i>	No Law Enforcement required Referral made to Law Enforcement Involved Referral made to Law Enforcement Not Involved Criminal charges filed Criminal charges warranted but not filed
<b>210-25. Criminal Disposition</b> <i>(check one)</i> <i>(select only if criminal charges filed in field 24)</i>	Guilty Not Guilty No Contest Pending
<b>210-26. Referral to Other Agencies</b> <i>(Circle the appropriate referrals made – even if services were not actually provided at this time.)</i>	Access Community Resources / Case Planning & Mgmt / Day Care / Dental Care / DV Counseling / Employment Training / Family Counseling / Family Support FRC / Individual Counseling / IFPS / Medical Care / Mental Health/ Money Mgmt / Parenting Skills / SA Treatment / Tutoring / Immunization / Nurturing Skills / Transportation / Public Health / Housing / Child Developmental Evaluation / Sex Offender Treatment / Other
<b>210-27. Service Needs</b> <i>(Circle the appropriate service needs – even if services are not available at this time.)</i>	Access Community Resources / Case Planning & Mgmt / Day Care / Dental Care / DV Counseling / Employment Training / Family Counseling / Family Support FRC / Individual Counseling / IFPS / Medical Care / Mental Health/ Money Mgmt / Parenting Skills / SA Treatment / Tutoring / Immunization / Nurturing Skills / Transportation / Public Health / Housing / Child Developmental Evaluation / Sex Offender Treatment / Other
<b>210-28. Services Provided</b> <i>(Circle the appropriate services provided.)</i>	Access Community Resources / Case Planning & Mgmt / Day Care / Dental Care / DV Counseling / Employment Training / Family Counseling / Family Support FRC / Individual Counseling / IFPS / Medical Care / Mental Health/ Money Mgmt / Parenting Skills / SA Treatment / Tutoring / Immunization / Nurturing Skills / Transportation / Public Health / Housing / Child Developmental Evaluation / Sex Offender Treatment / Other
<b>210-29. Child/Family Team Meetings:</b> <b>Dates/Times</b>	Date: _____ Time: _____ Date: _____ Time: _____ Date: _____ Time: _____ <i>(time should be in 30 min. increments)</i>
<b>210-31. Investigative (210) Services Complete?</b>	Yes                      No
<b>210-32. Investigative (210) Data Entry Complete?</b>	Yes                      No

**215 – Case Management Services****Form ID #:** \_\_\_\_\_**Worker Name** (if different from 210) : \_\_\_\_\_**Supervisor Name** (if different from 210) : \_\_\_\_\_

**Children** – list all children (& their SIS ID's) from the form number above that have **identical** information that can be entered using the common edit feature. *(If there are other children from the form that have different information a separate form should be submitted for those children or their differing services somehow distinguished.)*

Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____

**215-18. Risk Reassessments: Date/Score/Rating**

Date: \_\_\_\_\_ Score: \_\_\_\_\_ Rating: \_\_\_\_\_  
 Date: \_\_\_\_\_ Score: \_\_\_\_\_ Rating: \_\_\_\_\_  
 Date: \_\_\_\_\_ Score: \_\_\_\_\_ Rating: \_\_\_\_\_

**210-21. Petition filed during in-home services?**

Yes No

**210-21a. Date Petition Filed**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**215-23. Involvement/Coordination with WorkFirst**  
*(Check highest level of involvement ONLY if the level of Involvement /Coordination changed during 215)*

Work first is not involved  
 Work first is involved in WF Case Management for Services Recommended  
 Work first is handling Case Management Responsibilities  
 Work first is participating in Child and Family Teams  
 Work First involvement concurrent with CPS

**215-24. Involvement/Coordination with Law Enforcement**  
*(Check one only if the level of Involvement / Coordination changed during 215)*

No Law Enforcement required  
 Referral made to Law Enforcement Involved  
 Referral made to Law Enforcement Not Involved  
 Criminal charges filed  
 Criminal charges warranted but not filed

**215-25. Criminal Disposition** *(check one)*  
*(select only if criminal charges filed in field 24)*

Guilty  
 Not Guilty  
 No Contest  
 Pending

**215-26. Referral to Other Agencies**
*(Circle the appropriate referrals made – even if services were not actually provided at this time.)*

Access Community Resources / Case Planning & Mgmt / Day Care / Dental Care / DV Counseling / Employment Training / Family Counseling / Family Support FRC / Individual Counseling / IFPS / Medical Care / Mental Health/ Money Mgmt / Parenting Skills / SA Treatment / Tutoring / Immunization / Nurturing Skills / Transportation / Public Health / Housing / Child Developmental Evaluation / Sex Offender Treatment / Other

**215-27. Service Needs**
*(Circle the appropriate service needs – even if services are not available at this time.)*

Access Community Resources / Case Planning & Mgmt / Day Care / Dental Care / DV Counseling / Employment Training / Family Counseling / Family Support FRC / Individual Counseling / IFPS / Medical Care / Mental Health/ Money Mgmt / Parenting Skills / SA Treatment / Tutoring / Immunization / Nurturing Skills / Transportation / Public Health / Housing / Child Developmental Evaluation / Sex Offender Treatment / Other

<b>215-28. Services Provided</b> <i>(Circle the appropriate services provided.)</i>	Access Community Resources / Case Planning & Mgmt / Day Care / Dental Care / DV Counseling / Employment Training / Family Counseling / Family Support FRC / Individual Counseling / IFPS / Medical Care / Mental Health/ Money Mgmt / Parenting Skills / SA Treatment / Tutoring / Immunization / Nurturing Skills / Transportation / Public Health / Housing / Child Developmental Evaluation / Sex Offender Treatment / Other
<b>215-29. Child/Family Team Meetings:</b> <b>Dates/Times</b>	Date: _____ Time: _____ Date: _____ Time: _____ Date: _____ Time: _____ <i>(time should be in 30 min. increments)</i>
<b>215-31. Case Management Services (215) Complete?</b>	Yes                      No
<b>215-32. Case Management (215) Data Entry Complete?</b>	Yes                      No

**109 – Foster Care Services****Form ID #:** \_\_\_\_\_

**Children** – list all children (& their SIS ID's) from the form number above that have ***identical*** information that can be entered using the common edit feature. (If there are other children from the form that have different information a separate form should be submitted for those children or their differing services somehow distinguished.)

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Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____

**109-26. Referral to Other Agencies**

(Circle the appropriate referrals made – even if services were not actually provided at this time.)

Access Community Resources / Case Planning & Mgmt / Day Care / Dental Care / DV Counseling / Employment Training / Family Counseling / Family Support FRC / Individual Counseling / IFPS / Medical Care / Mental Health/ Money Mgmt / Parenting Skills / SA Treatment / Tutoring / Immunization / Nurturing Skills / Transportation / Public Health / Housing / Child Developmental Evaluation / Sex Offender Treatment / Other

**109-27. Service Needs**

(Circle the appropriate service needs – even if services are not available at this time.)

Access Community Resources / Case Planning & Mgmt / Day Care / Dental Care / DV Counseling / Employment Training / Family Counseling / Family Support FRC / Individual Counseling / IFPS / Medical Care / Mental Health/ Money Mgmt / Parenting Skills / SA Treatment / Tutoring / Immunization / Nurturing Skills / Transportation / Public Health / Housing / Child Developmental Evaluation / Sex Offender Treatment / Other

**109-28. Services Provided**

(Circle the appropriate services provided.)

Access Community Resources / Case Planning & Mgmt / Day Care / Dental Care / DV Counseling / Employment Training / Family Counseling / Family Support FRC / Individual Counseling / IFPS / Medical Care / Mental Health/ Money Mgmt / Parenting Skills / SA Treatment / Tutoring / Immunization / Nurturing Skills / Transportation / Public Health / Housing / Child Developmental Evaluation / Sex Offender Treatment / Other

**109-29. Child/Family Team Meetings:  
Dates/Times**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(time should be in 30 min. increments)

**109-30. Shared Parenting Meetings:  
Dates/Times**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(time should be in 30 min. increments)

**109-31. Foster Care Services (109) Complete?**

Yes No

**109-32. Foster Care (109) Data Entry Complete?**

Yes No